

**1122 PROGRAM PRE-AUTHORIZATION FORM - GSA****(GSA Schedule Items Only)**

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Counter-Drug

Homeland Security

Emergency Response

Date: \_\_\_\_\_

**Ordering Agency**

Agency Name: \_\_\_\_\_ Agency #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

POC: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Ship to**

Agency Name: \_\_\_\_\_

ATTN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Order Justification:****Selected Vendor**

Company Name: \_\_\_\_\_ GSA Contract #: GS - \_\_\_\_\_

GSA Schedule/ SIN # \_\_\_\_\_ FEIN #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

POC: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Selected Vendor Justification:****1122 Program Use Only**

Reviewed by 1122 staff _____		1122 Review Date: _____	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Reason for non-approval:	<input type="checkbox"/> Non-GSA Vendor
			<input type="checkbox"/> Non-GSA Item
			<input type="checkbox"/> Savings Insufficient
			<input type="checkbox"/> Justification Insufficient
			<input type="checkbox"/> Vendor Justification Insufficient
			<input type="checkbox"/> Non DHS Approved Equipment list
			<input type="checkbox"/> Other (please explain below)

Comments

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Date \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Please fax this Pre-Authorization form to:**  
1122 Program (916) 327-8714

**(GSA Schedule Items Only)**

Date \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency #: \_\_\_\_\_

POC: \_\_\_\_\_ Email \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Please fax this Pre-Authorization form to:**  
1122 Program (916) 327-8714